

## **COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS AND COMPOSITIONS FOR TREATMENT OF OCULAR NEOVASCULARIZATION AND NEURAL INJURY the specification of which

is attached hereto

	[]		as US A <sub>l</sub> national Applicat			
			nded on			
I hereby state specification, including			d and understan ed by any amend			-identified
I acknowledge application in accordant priority benefits under inventor's certificate, of country other than the application for patent of before that of the Prior	ce with 35 US r §365( e Unit or inver	a Title 37, Code SC § 119(a)-(d a) of any PCT sed States, list actor's certificat	) or §365(b) of a International ap ted below and h te, or PCT Intern	lations, §1.56(a my foreign appoplication which ave also iden	a). I hereby cla plication(s) for h designated at tified below ar	im foreign patent or t least one ny foreign
Number		Country	Day/Month/Yr file	_ ed) Priori	[X] ity Not Claimed	
I hereby clain application(s) listed bel		benefit under	35 USC §119	(e) of any U	nited States p	provisional
Application No.		Filing Date				
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

60/244,850

(check one)

[X]

November 1, 2000

Application No.

Filing Date

I hereby appoint **CARLOS A. FISHER, Registration No. 36,510** (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate attorneys:

Name	Registration No.
Robert Baran	25,806
Stephen Donovan	33,433

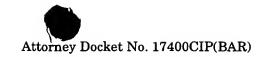


Martin A. Voet	25,208
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of the following correspondence address: Allergan, Inc., 2525 Dupont Drive, Irvin , CA. 92612

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Larry		A.	Whee!	Wheeler		
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